2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000006217

Entity Name: BOLTON MEDICAL, INC.

FILED Mar 10, 2009 Secretary of State

			New Principal Place of Business:			
Current Principal Place of Business: New 799 INTERNATIONAL PARKWAY					ipai Piace (OT Business:
SUNRISE, F		RKVVAY				
Current Mailing Address:			New Mailing Address:			
799 INTERNATIONAL PRKWAY SUNRISE, FL 33325			799 INTERNATIONAL PARKWAY SUNRISE, FL 33325			
FEI Number: 2	22-3213772	FEI Number Applied For ()	FEI Num	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
	Electroni	c Signature of Registered Agent	t			Date
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$			
	RUBIRALTA, JO ARAGON 90	Delete SE MARIA PAIN, SP 08015 SP		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	D (X) MOORE, MICHA 733 INTERNATIO SUNRISE, FL 33	DNAL PARKWAY		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	CEO () ROSPIGLIOSI, O 799 INTERNATIO SUNRISE, FL 33	DNAL PARKWAY		Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	S () BYERLY, JULIE 733 INTERNATIO SUNRISE, FL 33	DNAL PARKWAY		Title: Name: Address: City-St-Zip:	BYERLY, JU	IATIONAL PARKWAY
Title: Name: Address: City-St-Zip:	VD () RUBIRALTA, JO ARAGON 90 CARCELONA SE			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	TAS () GIL PEREZ, FEI 799 INTERNATIO FORT LAUDERE	DNAL PRKY		Title: Name: Address: City-St-Zip:	GIL PEREZ,	IATIONAL PARKWAY

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEDERICO GIL PEREZ TAS 03/10/2009